

AMENDMENT TRANSMITTAL LETTER

Attorney Docket No. C.9972-179

1256-00510

Serial No.
08/502,288Filing Date
July 13, 1996Examiner
P. SpivackGroup Art Unit
1205Invention: **PREVENTION OF HYPERPHOSPHATEMIA IN KIDNEY DISORDER PATIENTS**

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Declaration
- ☒ Supplemental Information Disclosure Statement and fee \$220.00
- ☒ Request for Extension of Time and fee \$ 110.00
- ☒ No additional fee is required
- ☐ The fee has been calculated as shown below:

96 APR -9 AM 10:23
GROUP 120

					SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	OR	Rate	Add'l Fee
Total	• 18	minus	•• 20	0	x \$ 11 =	\$ 0	OR	x \$ 22 =	\$ 0
Indep	• 2	minus	••• 3	0	x \$ 39 =	\$ 0	OR	x \$ 78 =	\$ 0
First Presentation of Multiple Dependent Claim					+ \$125 =	\$ 0	OR	+ \$250 =	\$ 0
					Total Add'l Fee	\$ 0	OR	Total Add'l Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in Col. 1.

- ☐ Please charge my Deposit Account No. 01.2000 in the amount of \$
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 330.00 to cover the filing fee and/or extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 01.2000. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Date:

March 27, 1996

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